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Country programme document

Guinea

Summary

The country programme document (CPD) for Guinea is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $58,185,000 from regular resources, subject to the availability of funds, and $85,265,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2018 to 2022.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2017.

* E/ICEF/2017/14.

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Programme rationale

1. The UNICEF-Guinea country programme of cooperation for 2018-2022 has been developed in the context of post-Ebola recovery. The gross national income growth rate declined from 2.3 per cent in 2013, to 1.1 per cent in 2014 and to 0.1 per cent in 2015.[1] However, after enduring three years of the epidemic of Ebola virus disease that sparked an economic downturn and severe social impacts, Guinea is recovering and experienced 5.2 per cent economic growth in 2016. The country plans to be an emerging economy by 2040, a vision that is reflected in the National Social and Economic Development Plan (*Plan national de développement économique* et *social* (PNDES)) 2016-2020. The Plan's strategic pillars, all of which are relevant to children's rights and aligned with the Sustainable Development Goals, are: (a) good governance for sustainable development; (b) sustainable and inclusive economic growth; (c) inclusive development of human capital; and (d) sustainable development of natural resources.

2. With a Human Development Index of 0.414, Guinea was ranked 183 of 188 countries in 2015 and faces important development challenges. Poverty rates are more pronounced in rural areas (65 per cent) than in urban areas (35 per cent); the national poverty rate is 55 per cent.[2] A multidimensional child poverty analysis conducted in 2014 revealed that 97 per cent of children suffer from at least one deprivation, and 47 per cent suffer from at least three deprivations. An analysis of regional disparities shows that the regions of Faranah, Mamou, Labe and Kankan are the most underserved.

3. In 2014 the population was estimated at 10.5 million,[3] more than half (51 per cent) under 18 years of age. Adolescents account for more than 24 per cent of the population, and most of them live in rural areas. Gender inequality and disparities between men and women remain high in regard to access to basic social services and economic opportunities.

4. The Ebola epidemic adversely impacted an already weak health system. During the epidemic, the number of total consultations and hospitalizations decreased by 58 and 54 per cent respectively, and the number of fully immunized children under 1 year of age decreased by 30 per cent, according to the National Health Development Plan (*Plan National de Development Sanitaire*) 2015-2025. From 2012 to 2016, the under-five mortality rate decreased by 28 per cent, from 123 to 88 per 1,000 live births.[4] The maternal mortality ratio also declined in the same period, by 24 per cent, from 724 to 550 per 100,000 live births.[5] Nevertheless, only 26 per cent of children under age 5 years are fully immunized,[6] more than 7,000 children are living with HIV and only 26 per cent of them receive antiretroviral therapy. Maternal and child survival programmes are constrained by social norms and practices (child marriage, teenage pregnancy and female genital mutilation/cutting (FGM/C)), the high cost of services, insufficient health structures and qualified personnel and management capacities, mainly at the district level. Additional challenges include frequent stock-outs of drugs, vaccines and medical supplies; poor infrastructure and long distances to health facilities; inadequate distribution of human

[1] World Bank, 2015.
[2] Enquêtes Légères sur l'Evaluation de la Pauvreté, 2012.
[3] Recensement General de la Population et de l 'Habitat.
[4] Demographic and Health Survey (DHS)/Multiple Indicator Cluster Survey (MICS) 2012; MICS 2016.
[5] DHS/MICS 2012; MICS 2016.
[6] MICS 2016.

resources; and low capacities to provide quality basic health, nutrition, water and sanitation services at both the institutional and community levels.

5. Undernutrition remains the main underlying cause of child mortality in Guinea; stunting rates are estimated at 32 per cent and global acute malnutrition at 8.1 per cent.[7] Contributing factors include low rates of exclusive breastfeeding (35 per cent); poor young child feeding practices; inadequate water, sanitation and hygiene (WASH) practices and poor nutritional status among women. Strong advocacy is needed to position nutrition as a key national priority with the aim of significantly and cost-effectively reducing under-five mortality rates in Guinea and improving children's cognitive development.

6. Approximately 82 per cent of Guinean households have access to an improved water source, but only 53 per cent have access to improved sanitation facilities, among whom only 28.8 per cent have improved sanitation facilities which are not shared.[8] Significant disparities related to water coverage exist between regions and between the rural and urban populations (72.2 and 98 per cent, respectively), as well as between different wealth quintiles, with 55 per cent coverage for the poorest and 99 per cent for the richest quintiles. The same disparities can be seen in sanitation, where urban households have 43.3 per cent coverage of improved sanitation facilities that are not shared, against 19.9 per cent in rural areas. Only 35 per cent of schools and 71 per cent of health centres benefit from an improved water source. Guinea's open defecation rate varies from 0.2 per cent in the capital city of Conakry to 40 per cent in the rural region of Labe. In spite of efforts during the Ebola response, hand-washing with soap is still not a common practice; only 23.8 per cent of households have a hand-washing point and only 12.9 per cent of these use soap.

7. Despite progress in education, with an 84.5 per cent school gross enrolment ratio in 2016,[9] an estimated 1.5 million Guinean children and adolescents aged 6-16 years remain out of school. The national primary school completion rate is low, at 61.1 per cent.[10] Significant regional and gender disparities can be identified; for example, the primary completion rate is 92.2 per cent in the capital, Conakry, compared to outlying regions such as Faranah (27.9 per cent), Mamou (38.1 per cent) and Labe (39 per cent). Completion rates for boys reached 66.5 per cent, compared to 57.5 per cent for girls; just 9.1 per cent of young children are enrolled in preschool.[11] Support for positive parenting practices, pre-primary education, girl's education and quality education outcomes, particularly in rural areas, are important strategies for improving education outcomes in Guinea. Barriers include negative parental perceptions and poor quality of education, long distances between schools and communities, insufficient school supplies and furniture, low social status of girls, unfavourable school environments and high education costs.

8. Violence against children and women remains widespread in Guinea. According to the MICS 2016, 89 per cent of children have experienced violence. Gender-based violence is a major concern; 96.8 per cent of women aged 15-49 years are victims of FGM/C. Moreover, 54.6 per cent of women were married before age 18 years, and 21 per cent before reaching age 15 years. The Government's 2015 Gender-Based Violence report[12]

[7] MICS 2016.
[8] MICS 2016.
[9] Annuaires Statistiques de l'Education 2015-2016.
[10] MICS 2016.
[11] MICS 2016.
[12] République de Guinee, Analyse socio-anthropologique des déterminants de la perpétuation des MGF/E en Guinee, Aout 2015.

indicated that 29.3 per cent of women were victims of sexual violence and 55.7 per cent victims of physical violence. Violence is underreported; victims generally resort to arrangements made through community-based structures. The culture of impunity is further perpetuated by a justice system that is often unable to enforce existing laws effectively. There are limited services and skilled professionals capable of providing an adequate, integrated package of medical and psychosocial care and treatment available in Guinea; the same is true of legal support for child victims of violence. Despite the existence of national policies and legal frameworks, violence – particularly gender-based violence – is fed by deeply rooted social norms and harmful practices that condone gender inequality and violence against women and children.

9. Government expenditure in the social sectors is relatively low. For instance, 8.2 per cent of the national budget is allocated to the health sector[13] despite the African Union target of 15 per cent (Abuja Declaration 2001), and 14.9 is spent on education compared to the target of 20 per cent recommended by the Global Partnership for Education (GPE). The Government's capacity to implement recent legislation is constrained by insufficient financial and human resources. Individual government sectors also lack adequate facilities and qualified professionals, hampering data collection and analysis and thus evidence-based decision-making. Few mechanisms are available to include community participation in decision-making processes. Social protection mechanisms to support the most vulnerable families remain limited. In addition, the country does not have a well-developed culture of corporate social responsibility that could serve as a starting point to engage with the private sector for child rights.

10. The current programmatic context in Guinea is heavily influenced by the country's experience with Ebola. Guinea was unprepared to respond to an epidemic of that scale and widespread impact, due to factors such as limited investment in national or community systems, insufficient field presence and limited expertise/experience in Ebola response. Key lessons from the previous country programme include the importance of strengthening national systems, particularly in relation to skills and motivation of human resources, and focusing on national policy reforms and effective implementation. Thus important elements of the new country programme include: strengthening support to local planning, management and monitoring capacities; improving sectoral integration and coordination; better targeting of the most disadvantaged children; developing a functional early warning/early action system; greater stress on community engagement, particularly empowerment of youth and women; enhancing the resilience of communities and systems to shocks; building social safety nets; and identifying new power brokers at the community level.

11. UNICEF has the comparative advantage of being able to work holistically across sectors, in both humanitarian and development contexts, using risk-informed programming approaches and leveraging its strong working relationship with Government and civil society at both decentralized and central levels. Through its equity focus and mandate, UNICEF is well placed to partner with the Government of Guinea to address the rights of children, girls, women and young people and to reach underserved communities. Quality service delivery and capacity development will therefore remain the cornerstones of the country programme, supported by policy dialogue, evidence-based advocacy, results-based management, cross-sectoral linkages and strong strategic partnerships built around the Sustainable Development Goals and the African Union Agenda 2063.

[13] Loi de finances 2017.

Programme priorities and partnerships

12. In the framework of the PNDES 2016-2020, the country programme will support the Government to overcome identified key bottlenecks that impede the realization of children's rights. It will directly contribute to the country's post-Ebola recovery plan and the 2018-2022 United Nations Development Assistance Framework (UNDAF) outcomes.

13. Programme priorities, which are in the spirit of the draft UNICEF Strategic Plan, 2018-2021, will focus on the universal mandate of UNICEF under both the Convention on the Rights of the Child and the Sustainable Development Goals (particularly Goals 1, 2,4,5,6 and 16), as well as the call to "leave no child behind".

14. In the framework of "Delivering as one", close collaboration and joint programming with other United Nations agencies are planned for all sectors. In Kankan and Nzerekore regions, UNICEF will build on ongoing joint action plans with the United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA) and World Health Organization (WHO). In addition, UNICEF will strengthen its field presence in the most underserved regions.

15. Seven mutually reinforcing strategies will be prioritized: (a) generating data and evidence to inform policy on children and gender; (b) enhancing national and subnational institutional capacities for results-based planning, delivery, monitoring and evaluation of basic social services; (c) advocacy and communication around children and gender-related issues; (d) communication for development and technology for development to increase demand for social services, promote essential family practices and foster gender equality; (e) expanding partnerships with civil society organizations and the private sector; (f) building resilience of communities and systems and gender mainstreaming; and (g) developing programmes on emerging issues such as climate change and the challenges facing urban/peri-urban settings.

16. UNICEF programming will incorporate actions to enhance risk-informed programming to better prevent, mitigate, respond to and recover from shocks and stresses, strengthening the humanitarian-development nexus. A gender lens will be applied throughout all programming, with a special focus on gender equality in education, ending child marriage and promoting adolescent-responsive health, in line with the UNICEF Gender Action Plan.

17. The programme will operate nationwide in terms of advocacy for an enabling environment and effective, child-sensitive policies. It will support national programmes, the development, monitoring and evaluation of sectoral plans in WASH, nutrition, health/HIV, education, social inclusion and child protection. At the operational level, UNICEF will model a child-friendly communities approach in which all programme components are convergent, integrated and monitored in 40 rural communities with the highest disparities and worst child development indicators. The programme will prioritize WASH and health interventions in the urban and peri-urban catchments of the capital city of Conakry that are severely affected by poor hygiene and environmental hazards.

18. The **child survival and development** programme, with subcomponents for nutrition, health and HIV, and WASH, will contribute to ensuring the survival and optimal development of every child and adolescent, while applying a convergent, integrated approach to better address multiple child deprivations through:

(a) Enhancing good governance, integration and accountability for an improved and sustained child survival and development programme;

(b) Strengthening community-based systems offering child- and adolescent-centred holistic, integrated and friendly services.

19. The **nutrition** subcomponent will contribute to improved and more equitable provision of evidence-based nutrition interventions for children and women of childbearing age, including pregnant and lactating women; it will include strong advocacy to position the nutrition agenda as a priority, through:

(a) Institutional capacity-strengthening at all levels (national and regional, at health facilities and in communities) to facilitate an enabling environment and integrated service delivery;

(b) Improving nutrition service delivery in communities and health facilities, provision of appropriate quality care and adoption of adequate infant and young child feeding practices;

(c) Strengthening national capacity to generate evidence and scale up equitable nutrition interventions; UNICEF, as the lead agency for nutrition, will coordinate the multi-partner platform in support to Guinea, a member of the Scaling Up Nutrition movement.

20. The **water, sanitation and hygiene** subcomponent will contribute to improved access and use of equitable and sustainable WASH services in underserved and epidemic-prone communities, schools and health services, with special attention to the needs of women and girls, through strengthening institutional capacity and intersectoral approaches. It will seek to scale up and sustain quality, equitable services to prevent water-borne diseases and meet the goal that every child live in a safe and clean environment by:

(a) Improving water supply, through the development of innovative, cost-effective technology and approaches, nurturing public-private partnerships for maintenance and strengthening accountability at all levels;

(b) Increasing the number of open defecation-free villages through community-based approaches integrating hygiene and a clean and safe environment;

(c) Fostering disaster risk reduction strategies that address Ebola, cholera and flood risks by strengthening WASH sector coordination capacities, enabling the Government to effectively play a lead role in building preparedness and response capacity;

(d) Building child-focused plans and monitoring systems for a sustainable environment, in partnership with schools and youth groups.

21. The **health and HIV** subcomponent will contribute to increasing the equitable use of gender-sensitive, quality health and HIV services for infants, children, adolescents and pregnant and lactating women, especially from poor and marginalized groups, through the following strategic shifts and innovations:

(a) Strengthening routine immunization services by supporting integrated service delivery through the "reach every community" approach, scaling up the modernization of the cold chain infrastructure through solar refrigerators, and by strengthening community tracking systems;

(b) Focusing on three of the major killers of children under 5 years of age – malaria, pneumonia and diarrhoea – by increasing the provision of and demand for facility- and community-based integrated management of childhood illnesses, while promoting

enhanced cross-sectoral integration and geographic convergence (WASH, communication for development and nutrition);

(c) Enhancing the delivery of quality maternal and newborn health services to eliminate mother-to-child transmission of HIV and improve early infant diagnosis of HIV, foster basic and comprehensive emergency obstetric and newborn care services through social mobilization and training of health professionals;

(d) Strengthening gender-responsive adolescent health, in particular HIV prevention and antiretroviral treatment of children and adolescents living with HIV, through evidence-based approaches in communities and facilities;

(e) Supporting the development of an enabling institutional environment to effectively scale up the delivery of quality maternal, neonatal, child and adolescent health services, while taking into account gender, environmental protection and innovations, as well as improving emergency preparedness and response.

22. The **basic education** programme will contribute to equitable access to quality basic education with quality learning outcomes for children, particularly the youngest, girls and children with a disability, through:

(a) Strengthening the education system and improving the coordination and management of education policy implementation, including support for the elaboration of the new education sector-wide approach (*Programme de Developpement de l'Education de Guinee* 2019-2028) and interaction with the GPE;

(b) Scaling-up access to pre-primary, primary and secondary education, either through formal or alternative learning pathways, with special attention to girls' education. This will involve advocacy and policy advice aimed at: adapting education policy to meet the needs of all children, making school fees affordable and promoting a child-friendly school approach. UNICEF will also encourage community engagement and social mobilization to improve girls' school completion rates;

(c) Improving quality teaching, taking into account community needs, the natural environment, social cohesion, local know-how and positive cultural traditions;

(d) Reinforcing subnational and community capacities for positive parenting and life-skills practices, as well as fostering access to educational, creative and recreational resources and facilities to improve children's environments, build their self-esteem and enable them to reach their full potential.

23. The **child protection** programme will contribute to strengthening policies, systems and service delivery and to removing bottlenecks at the national, subnational and community levels. It will pursue multipronged intersectoral strategies that rely on gender-sensitive responses to address and reduce the risk of violence, exploitation and abuse of children and adolescents, with a focus on addressing child marriage and FGM/C, through:

(a) Advocating for and technically supporting the Government to develop and implement evidence-based, equity-focused, gender-sensitive and child-friendly policies, laws and budgets, sector plans and frameworks, including facilitating access to a child-friendly justice system and ensuring universal birth registration;

(b) Strengthening the capacity of decentralized authorities to plan, monitor and deliver an integrated package of medical, psychosocial and legal services to children, with a special focus on the most disadvantaged children and victims of abuse and ensuring adequate reporting on violence against children;

(c) Fostering innovative partnerships with civil society and when possible with the private sector, to support behaviour change and community outreach initiatives for improving child-friendly practices within communities and families;

(d) Reinforcing coordination, building multisectoral strategies and social mobilization to end child marriage.

24. The **social inclusion** programme will contribute to improving knowledge on child rights, the policy environment and systems for excluded and disadvantaged children, through:

(a) Evidence generation, analysis, policy dialogue and advocacy on child rights and needs (including the use of the rolling situation analysis model for evidence generation);

(b) Building social protection capacity to reduce vulnerability and strengthen resilience by supporting the Government to effectively implement the National Social Protection Policy elaborated in 2016. Learning from the Ebola crisis, UNICEF will work to foster a policy that is shock-responsive and risk-sensitive ;

(c) Fostering advocacy and dialogue for social budgeting in favour of resource allocation for children's issues and social programmes for the most vulnerable;

(d) Capacity development in social inclusion. UNICEF will improve the timeliness, relevance and quality of the knowledge produced and used for advocacy, both internally and externally, to advance social safety nets. It will promote the use of participatory approaches that give a voice to the most excluded and vulnerable children, youth and communities.

25. The **programme effectiveness** component will ensure that the country programme is effectively designed, coordinated and managed (at both the central and field offices) to meet quality standards and achieve results for children. The programme is designed to be flexible, enabling it to adjust to shocks and remain relevant to address disasters, particularly health emergencies. External communication will raise awareness of the situation of marginalized children, adolescents and youth and strengthen the capacity of the media, civil society, children, adolescents and youth to advocate for policy changes, greater social accountability and monitoring of actions that promote children's rights and welfare. Communication for development will promote the adoption of behaviours that increase the demand for and utilization of lifesaving care and social services, as well as community participation in programme planning and monitoring. It will focus on girls, youth, adolescents and mothers, empowering them to embrace child-friendly social norms and increase their participation in decision-making.

26. Gender programming will be mainstreamed across all sectors, particularly in three priorities areas: promotion of adolescent-responsive health; gender equality in education; and ending child marriage. UNICEF will leverage expertise through partner agencies, peer-to-peer learning and South-South cooperation. Gender priorities will be monitored during all stages of the country programme cycle, as part of office management indicators and in relation to overall programme performance. Monitoring systems will systematically track progress through gender-sensitive results and key benchmarks.

27. UNICEF will refocus its field operations with the aim of maintaining/strengthening a field presence that is risk-informed, needs-driven and oriented toward resolving specific challenges, issues and deprivations affecting children in these areas and decentralized monitoring of programme results. This presence will be simplified and flexible enough to be adjusted to changes in the programmatic environment.

28. UNICEF will build new strategic partnerships that reflect the imperative of new forms of engagement and a paradigm that stresses interventions designed to address societal challenges within each sector, as well as increased integration across a shared space. UNICEF will identify new power brokers and build or join multi-stakeholder platforms (government, communities, private sector, civil society organizations and donors) for effective and lasting social change. In this context, social accountability will be a priority, and UNICEF will continue to promote innovative platforms for advancing social dialogue (e.g., U-Report, information communication technology for development) as well as applying the child-friendly communities approach to build a multi-stakeholder accountability framework.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources**	*Total*
Child survival and development	36 074	51 538	87 612
Basic education	8 145	15 901	24 046
Child protection	6 400	12 294	18 694
Social inclusion	1 160	1 000	2 160
Programme effectiveness	6 406	4 532	10 938
Total	**58 185**	**85 265**	**143 450**

* "Other resources" refers exclusively to non-emergency OR. Other resources-emergency (ORE) funds of up to $4 million are expected during the course of the country programme.

Programme and risk management

29. The country programme will be undertaken in collaboration with the Ministry of Planning and International Cooperation and is in line with the priorities of the PNDES 2016-2020, the UNDAF, the African Union Agenda 2063 and the Sustainable Development Goals, notably by enhancing good governance and social cohesion and increasing equity and access by the population, especially the most vulnerable, to basic social services and social protection.

30. Programme implementation relies on certain key assumptions: that good governance, social and political stability will be sustained; that caregivers and communities are ready to adapt their sociocultural beliefs and practices over time; that adequate resources will be available for its implementation; that UNICEF will continue to engage constructively with the Government and other partners; and that community-based capacity development and participatory approaches will enhance accountability for and the quality and delivery of services. Achieving the country programme's goals also relies on the assumption that available resources are efficiently managed at both the central and decentralized levels, and that the country will deploy sufficient numbers of qualified workers to deliver basic social services.

31. Limited financial management and accountability, insufficient planning and monitoring are the main implementation risks. To mitigate them, UNICEF will work within

the United Nations system to monitor risks, document successes and failures and build capacity for results-based management. UNICEF will continue to enhance the capacity of staff and partners to comply with the harmonized approach to cash transfers (HACT) in order to mitigate financial risks tied to programme implementation.

32. This country programme document outlines the UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

Monitoring and evaluation

33. UNICEF will support national monitoring and evaluations systems, strengthening national capacities at the four levels outlined by the "monitoring results for equity system" of the country programme, UNDAF and PNDES, through:

(a) Supporting evidence generation (situation analysis, MICS, surveys and studies) to better monitor progress, contribute to national priority-setting and programme design;

(b) Strengthening the capacity of partners in all aspects of HACT implementation and field monitoring, including end-user monitoring;

(c) Supporting decentralized monitoring of results and determinants/bottlenecks analysis, including review of data collected through real-time monitoring tools such as RapidPro and U-Report, to inform annual and midterm reviews;

(d) Supporting monitoring of the final outcomes and impact of the country programme, including several key evaluations to assess the relevance, effectiveness, efficiency and sustainability of the programme, and craft necessary adjustments:

(i) Evaluation of the joint UNICEF-UNFPA project to reduce the practice of FGM/C (2018);

(ii) Evaluation of the WASH programme (2019);

(iii) Evaluation of the early childhood development programme (2020);

(iv) Final evaluation of the country programme (2021).

Annex

Results and resources framework

Guinea – UNICEF country programme of cooperation, 2018-2022

Convention on the Rights of the Child: Articles 2, 3, 6, 7, 8, 9, 12, 19, 24, 28, 34, 37, 38, 40

National priorities: PNDES Strategic Pillars:

1. Good governance for sustainable development;
2. Sustainable and inclusive economic growth;
3. Inclusive development of human capital;
4. Sustainable development of natural resources.

UNDAF outcomes involving UNICEF: Outcomes 1,2,3,4

Outcome indicators measuring change that includes UNICEF contribution:

3.1 Maternal mortality ratio: Baseline: 550 (2016); Target: 340;
3.2 Under-five mortality rate: Baseline: 88 (2016); Target: 50;
3.3 Households with improved sanitation facilities: Baseline: 53.4% (2016); Target: 70%;
3.4 Primary school net attendance ratio: Baseline: 60.3% (2016); Target: 70%;
3.4 Primary school completion rate: Baseline: 61.1% (2016); Target: 70%;

Related draft UNICEF Strategic Plan, 2018-2021 Goal Areas:[1] 1-5

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
1. By 2022, boys and girls aged 0-59 months, adolescents and women (especially those living in the most disadvantaged communities) have access to basic services, use packages of multisectoral	1. Percentage of children < 1 year receiving three doses of pentavalent vaccine at national level; B (2016): 39.6% (national); rural: 31.4 ; T: 50% (national; rural: 45%)	MICS	1. By 2022, the political and programmatic environment, including coordination, partnership and governance (national and local), is strengthened; 2. By 2022, health facilities are equipped for providing quality	Government (Ministries of Health, of Environment, of Energy and Water, of Education, of Social Affairs, of Youth)	36 074	51 538	87 612

[1] The final version of UNICEF Strategic Plan, 2018-2021 will be presented to the Executive Board for approval at its second regular session of 2017.

UNICEF outcomes	Key progress indicators, baselines (b) and targets (T)	Means of verification	Indicative country programme outputs	Major partners/ partnership frameworks	Indicative resources by country programme outcome: regular resources (RR); other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
high-impact, gender-sensitive interventions (health/HIV, nutrition, WASH) and adopt appropriate behaviours	2. Live births attended by a skilled health personnel B: (2016): 62.7% (national; rural: 46.2% T: 85% (national; rural: 60%)	MICS	maternal, neonatal and child health services, including gender-responsive adolescent health services; 3. By 2022, health facilities are strengthened to equitably provide quality nutrition services; 4. By 2022, the community platforms are equipped to provide high-impact interventions of integrated health / HIV, nutrition and quality WASH services. 5. By 2022, targeted rural and suburban communities have sustainable and equitable access to safe drinking water and WASH package;	UNFPA, WHO, WFP NGOs Other technical and financial partners, (World Bank, European Union USAID)			
	3. Newborns receiving postnatal care within two days of childbirth B (2016): 65.3% (national); rural: 51.5%; T: 85% (national); rural: 70%	MICS					
	4. Children aged 0-59 months with diarrhoea receiving zinc/oral rehydration salts B (2016): 16.3% (national); rural: 13.8%; T: 50% (national) and rural: 40%)	MICS					
	5. Pregnant women living with HIV with lifelong access to ART for PMTCT and for their own health B : 25% (2016) T : 40%	PNDES					
	6. Percentage of HIV-positive children and adolescents with access to lifelong treatment B: 26% (2016); T: 50%	PNDES					
	7. Percentage of population using an improved source of drinking water B (2016): 82.1% (national); rural: 72.2% T : 90% (national); rural: 80%	MICS					
	8. Percentage of households	MICS					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	using improved sanitation facilities which are not shared B (2016): 28.8% (national); rural; 19.9% T: 50% (national); Rural: 40%						
	9. Percentage of children under age 5 years suffering from global acute malnutrition B (2016): 8.10% (national); girls: 7.5%; boys: 8.8%; T : 4% (national, boys, and girls);	MICS					
2. By 2022, children aged 3-15 years, girls and boys, are in a supportive environment and benefit from inclusive quality education that integrates local distinctiveness.	1. Percentage of State budget allocated to education B : 14.9% (2016) T : 20%	Budget law	1. The national education management bodies, both central and decentralized, are strengthened. 2. By 2022, more children, girls and boys, aged 3-15 years are provided with preschool, formal and non-formal schools, meeting their needs. 3. By 2022, school principals and teachers are equipped to provide, in interaction with the community, quality education that enhances the natural environment, knowledge and local positive cultural values, and social cohesion 4. By 2022, parents in focus areas are sensitized and their capacities strengthened for the implementation of the practices of everyday life and positive parenting, and to promote their children's access to educational and recreational resources	Government (Ministries of Education, of Health, of Environment, of Energy and Water, of Social Affairs, of Youth), NGOs, CSOs, UNESCO, GPE	8 145	15 901	24 046
	2. Existence of a three-year plan operationalizing the National Education Development Programme (*Programme de Developpement de l'Education de Guinee* (ProDEG)), 2019-2028 B: N/A; T: three-year plan available and implemented	ProDEG three-year plan					
	3. Percentage of children attending early childhood education B (2016): 9.1% (national); boys: 8.8%; girls: 9.4%; rural: 2.4% T: 15% (national, boys and girls); rural: 5%	MICS					
	4. Primary school net attendance ratio	MICS					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	B (2016): 60.3% (national); girls: 57.6%; rural: 50.7% T : 70% (national, girls and boys); rural: 60%						
3. By 2022, 70% of children (girls and boys), the most vulnerable in priority intervention areas, are protected from violence, including in emergency situations, and families adopt protective behaviours	1. Birth registration B (2016): 74.6 % (national, boys and girls); Rural: 66.7% T: 90% (national, boys and girls); Rural: 80%.	MICS	1. By 2022, the programmatic environment at national and local levels is strengthened with adequate policy and legal frameworks in line with international standards. 2. By 2022, capacities of key child protection service providers - medical, psychosocial and legal, including CSOs - are strengthened to provide quality and coordinated services to at-risk and child victims, including in emergency situations. 3. By 2022, local communities are empowered to adopt behaviours in favour of protecting children from child marriage and violence, and to make effective use of child protection services including in emergency situations.	Government (Ministries of Justice, of Social Affairs, of Health, of Education, of Youth), CSOs, NGOs, UNFPA, WHO, OHCHR European Union, USAID	6 400	12 294	18 694
	2. Percentage of girls 0-14 years undergoing FGM/C : B (2016): 45.3 % (national); Rural: 47.9% T: 30% (national); Rural: 35%	MICS					
	3. Percentage of women (20-24 years) married before the age of 18 years B (2016): 54.6 % (national); rural: 64.1% T: 40% (national); rural: 50 %	MICS					
4. By 2022, children and vulnerable people have access to sustainable social protection programmes and are benefitting from increased budget allocations in the	1. Children suffering from at least 3 key deprivations B: 47% (2012); T: 30%	National Multiple Overlapping Deprivation Analysis	1. By 2022, national and local actors have the capacity to develop child-sensitive budgets and to mobilize resources for the social sectors. 2. Public and local institutions have increased capacities for the	Government (Ministries of Justice, of Social Affairs, of Health, of Education, of Budget, of Finance, of Youth),	1 160	1 100	2 160

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)*		
					RR	*OR*	*Total*
social sectors.	2. Number of children suffering from at least three key deprivations covered by a social protection programme B: 9,163 (2016) T: 45,000	Sector reports	implementation of social protection programmes. 3. By 2022, domestic actors have enhanced capacity for development of child-sensitive policies and plans, as well as the consideration of social accountability in public processes.	World Bank, UNDP, ILO CSOs			
5. Country programme is efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children	1. Percentage of scorecard indicators meeting required standard B: 80% (2017) T: 100%	Country management team reports	1. Through effective coordination, UNICEF staff and implementing partners have guidance, tools and resources to deliver effective and efficient results for children. 2. The effectiveness of the programme delivery and results is reinforced through improved quality of programme planning, monitoring and evaluation at both central and decentralized levels. 3. Communication for development, through effective and innovative strategic partnerships with communities, fosters social mobilization and community engagement in order to improve supply of and demand for services. 4. Strategies to address cross-cutting issues (resilience, gender) related to child rights are developed and applied in addition to improved field operation and supply chain management.	Government (Ministries of Planning and Cooperation, of Education, of Health, of Environment, of Energy and Water, of Social Affairs, of Youth, of Communication) United Nations system CSOs, NGOs	6 406	4 532	10 938
	2. Number of adolescents and youth participating in U-Report for social change (by sex and age) B: 10,400 (2017) T: 150,000 (among whom 50% adolescent girls)	Ministry of Youth Annual Reports					
	3a. Evaluations meeting quality standards B: 1 (2016) T: 5 3b. Evaluations with management response B: 1 (2016) T: 5	Evaluation Report					
	4. Other resources funds mobilized against planned amount B: (to be determined at the end of the year) T: >95%	MICS					
	5. Availability of a	Knowledge,					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	communication plan/monitoring for increased demand for social services B: 0 (2016) T: 1	attitudes and Practices surveys					
Total resources					**58 185**	**85 265**	**143 450**